14084749082

CHANGE OF

## RECEIVED CENTRAL FAX CENTER

OCT 0 5 2006

10/518,267

12/16/2004

PTC/SB/122 (10-01)
Approved for use through 10/31/2002. OMB 0631-0035
U.S. Patent and Tredemark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a calection of information unless it displays a valid OMB control number.

**Filing Date** 

Application Number

## CORRESPONDENCE ADDRESS First Named Inventor Van Dalen, Robert Application Art Unit Address to: **Examiner Name** Roy Karl Potter Assistant Commissioner for Patents Washington, D.C. 20231 Attorney Docket Number NL 020591 Please change the Correspondence Address for the above-Identified application 24738 24738 X **Customer Number** Type Customer Number here OR Firm or Individual Name Address Address City State ZIP Country Telephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed Peter Zawilski Name Signature Date 05- OCT# NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

Burden Hour Statement: This form is estimated to take 3 mirrates to complete. Time will vary depending upon the needs of the inclinious case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

forms are submitted.

forms if more than one signature is required, see below?

\*Total of